U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number **U** - 57/3

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Neil B Conley	Name Ironworkers Local 7
	Labor Organization File Number 033-092
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 7
Street 195 Old Colony Avenue	Street 195 Old Colony Avenue
City South Boston	City South Boston
State Massachusetts ZIP Code + 4 02127	State Massachusetts ZIP Code + 4 02127
5. Position in labor organization. Business Agent/Industry Analy	
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or omonetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	
Signa	iture
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanyi undersigned's knowledge and belief, true, correct, and complete. (See the second contained in this report (including the information contained in	ng documents) has been examined by the signatory and is to the best of the
Signed nails. Contr	On 8/11/2005 (617) 268-7575
	Date Telephone Number

Name of Person Filing Neil Conley	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or with a trust in which your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise		
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Iron Workers District Council LMCT			
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 191 Old Colony Avenue	C. Employer		
City South Boston			
State Massachusetts ZIP Code + 4 02127			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Iron Workers District Council LMCT is a Taft-Hartley Trust that is funded from contributions made pursuant to collective bargaining agreements between		
Trade Name, if any:	Iron Workers Local 7 and various signatory construction employers.		
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	Meeting related travel, meals and lodging.		
	12.b. Amount. \$1,310		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any). Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing Neil	_ Conlev
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 7 Apprentice Training Committee	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 191 Old Colony Avenue	c. Employer	
City South Boston		
State Massachusetts ZIP Code + 4 02127		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Local 7 Apprentice Training Commit Hartley Trust that is funded from	contributions
Trade Name, if any:	made pursuant to collective bargai between Iron Workers Local 7 and vi- construction employers.	ning agreements arious
P.O. Box, Bldg., Room No., if any		
Street		in the state of th
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Meeting related meal.	
	12.b. Amount.	\$147

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Freedom Capital Management	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street One Beacon Street	c. Employer	
City Boston		
State Massachusetts ZIP Code + 4 02108		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers District Council Pension Fund	Freedom Capital is an investment management that provided services to the Iron Workers I Council Pension Fund.	company District
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street Inc. Committee Avenue		
City Dorchester		
State Massachusetts ZIP Code + 4 02124	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	ычансканымизэнінким і лектичатизьн і в
	Meeting related meal.	
	12.b. Amount.	\$65